



CITY OF BRUNSWICK

1 W. Potomac Street • Brunswick, Maryland 21716 • (301) 834-7500

Zoning Certificate

Applicant: _____

Property Owner: _____

Property Address: _____ Phone: _____

Mailing Address _____

(All issued Zoning Certificates will be mailed to the Mailing Address)

Assessment I.D. #: _____

Tax Map / Parcel / Lot #: _____

Zoning District: _____

Proposed Improvements / Changes to Property or Proposed New Use of Property / Detailed Explanation: (can be attached on a separate sheet of paper)

Signature of Applicant

Date

.....
OFFICE USE ONLY:

ZC#: _____ Fee Paid / Date: _____

Issued By: _____ Date: _____

Conditions: _____

(Rev. 02/05)